



04-13-04

Attorney Docket No. 03-0431.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
Belcher, Thomas S., *et al*

App. Serial No. :10/627,440

Filed: July 25, 2003

Title: *A Portable, Adaptable Drawing Surface  
for Strategy Games*

Examiner: Mendiratta, Vishu K.

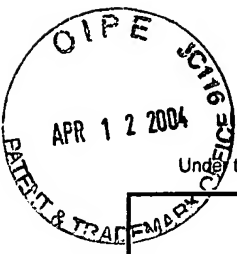
Art Unit: 3712

**37 C.F.R. §1.111(a) RESPONSE / AMENDMENT**

Honorable Commissioner of  
Patents and Trademarks  
Washington, D.C. 20231

Honorable Commissioner:

Pursuant to 37 C.F.R. §1.111(a), Applicant respectfully requests reconsideration and allowance of the subject application, based on the following amendments and comments. The present filing is in response to an Office Action mailed **March 8, 2004**.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/327,440
	Filing Date	July 25, 2003
	First Named Inventor	Belcher, et al.
	Art Unit	3712
	Examiner Name	Mendiratta, Vishu K.
Total Number of Pages in this Submission	Attorney Docket Number	03-0431.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/Declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Post Card
REMARKS		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Lanier Ford Shaver & Payne P.C.
Signature	
Date	4.12.04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Typed or printed name	George P. Kobler, Esq.
Signature	
Date	4.12.04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and CFR 1.14. This form is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.